



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

07 OCT 29 PM 2:09

**CANDIDATE COMMITTEE  
COVER PAGE**

CAROL A. BAUGH  
MACOMB COUNTY CLERK  
MT. CLER OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>6-27-07</u> to <u>10-21-07</u> Mo Day Year Mo Day Year	
2. Committee Name <b>CTE JOHN SPICA</b>	4. Candidate Last Name <b>SPICA</b> First Name <b>JOHN</b> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <b>Sterling Heights MI City Council</b> 4b. County of Residence <b>Macomb</b>
5. Committee's Mailing Address <b>38322 Phyllis Ct 48312</b> <b>Sterling Heights MI</b> Area Code and Phone <b>(586) 264-0251</b> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address  Area Code & Phone ( ) <b>SAME</b>
7. Treasurer's Business Address  <b>SAME AS RES.</b> Area Code and Phone ( )	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone ( ) <b>SAME</b>
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11 - 6 - 07</u> Month Day Year 9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper <u>JOHN SPICA</u> , <u>[Signature]</u> Date <u>10 23 07</u> Type or Print Name Signature Mo Day Year Candidate <u>JOHN SPICA</u> , <u>[Signature]</u> Date <u>10 23 07</u> Type or Print Name Signature Mo Day Year	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee Registration Number

137850

Committee Name

CTE John Spicer

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	5,684.00	(18.) \$ 5,684.00
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$	5,684.00	(20.) \$ 5,684.00
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>			
(4.) \$			
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)			
(5.) \$		5,684.00	
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>			
(6.) \$			(21.) \$
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>			
(7.) \$			(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	4203.50	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)			
(9.) \$		4203.50	(23.) \$ 4203.50
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)			
(11.) \$			(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)			
(13.) \$		0	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)			
(14.) + \$		5,684.00	
<b>15. SUBTOTAL</b> Add lines 13 and 14			
(15.) = \$		5,684.00	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)			
(16.) - \$		4203.50	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)			
(17.) \$		1480.50	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137850  
2. Committee Name CTE John Spier

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: <u>J BARR</u> <u>B HOEHLKE - BARR</u> <u>2535 MEADOWOOD</u> <u>ST. ILLA MI 48110</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: <u>LYDWEIL LABAJ</u> <u>48 SULLY LABAJ</u> <u>78625 KEDDER ROAD</u> <u>ROMEO MI 48065</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: <u>NICHOLAS T. BARNHART</u> <u>VITA SEIZRA</u> <u>30642 SARITA MELBY DR</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: <u>ALFRED NEWTON</u> <u>38334 phyllis ct</u> <u>STERLING HEIGHTS MI 48122</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

300.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

5684.00

Enter this total on  
line 3 of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137850  
2. Committee Name CJE John Speca

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>ERNEST KWAME ADADVOH</u> <u>12335 WAKE FOREST RD</u> <u>CLARISVILLE MD 21029</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>MICHAEL DOMMARTO</u> <u>38339 phyllis ct</u> <u>STERLING HEIGHTS MI 48312</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>SHARON M OR MICHAEL MARZO</u> <u>48132 TILCH</u> <u>MADONIA TOWNSHIP MI 48044</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>SHARON M MARZANO</u> <u>RUSSELL MARZANO</u> <u>37467 CHA BELLA</u> <u>CLINTON TWP MI 48036</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

350.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

5684.00

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137850  
2. Committee Name CTE JOHN SPICER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>CHARLES FREEMUTH</u> <u>CHRISTINE A FREEMUTH</u> <u>2807 WEST WOOD DR</u> <u>NEW BALTIMORE MI 48047</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>ERNESTINE BOGLIO</u> <u>38243 ARCOLA DR</u> <u>STERLING HEIGHTS MI 48312</u>		\$ <u>44.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>SALIM BAHRI</u> <u>RUTHANNE BAHRI</u> <u>3135 FIRESTONE</u> <u>STERLING HEIGHTS MI 48310</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>NICK NAGGAR</u> <u>SOPHIA NAGGAR</u> <u>2114 MEADOW REED DR</u> <u>STERLING HEIGHTS MI 48314</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

244.00  
564.00

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137850  
2. Committee Name CTE John Spier

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address: <u>GERALD TITTLE</u> <u>KATHLEEN TITTLE</u> <u>16100 E 14 MILE RD</u> <u>FRASER MI 48024</u></p> <p>5. If over \$100.00 cumulative, please provide: <u>48024</u></p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address: <u>DAVE FLYNN</u> <u>3641 HILLCORY ST</u> <u>STERLING HEIGHTS MI 48312</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address: <u>JAMES L BOMMARETO</u> <u>20274 MACEL</u> <u>ROSEVILLE MI 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address: <u>CHRISTOPHER BOMMARETO</u> <u>15600 ASHER</u> <u>ALLEN PARK MI 48107</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

200.00

5684.00

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137850  
2. Committee Name CTE JOHN SPICA

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>DEISE MATHEW</u> <u>JOSEPH MATHEW</u> <u>11107 LESURE</u> <u>STERLING HEIGHTS MI 48312</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____	Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>KATHERINE LACOMMARE</u> <u>PHILLIP LACOMMARE</u> <u>16252 CLIFTON AVE</u> <u>MACOMB MI 48042</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ _____	Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>ANTHONY J VUENGO</u> <u>CATHERINE VUENGO</u> <u>4751 LOCKWOOD</u> <u>WILSON TWP MI 48094</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____	Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>JACK CARADONNA</u> <u>LORENZ CARADONNA</u> <u>38905 MOUND RD</u> <u>STERLING HEIGHTS MI 48310</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____	Click Here for Memo Itemization

Page Subtotal

270.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

5684.00

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Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137850  
2. Committee Name CTE John Speca

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>DELORES GOODSON</u> <u>12105 WILSHIRE DR</u> <u>DETROIT MI 48213-1794</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>JOELLE ANGEL</u> <u>STEVEN V ANGEL</u> <u>6755 S HARE BROOK</u> <u>SHELBY TOWNSHIP MI 48316</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>JOHNNY BENJAMIN</u> <u>3901 MARLENE DR</u> <u>WARREN MI 48092</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>YDUSSEF D TANA</u> <u>34796 Vandyke AVE</u> <u>STERLING HEIGHTS MI 48312</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

Grand Total of All Schedules 1A  
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400.00  
5684.00

Enter this total on  
line 3 of Summary  
Page.





ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137850  
2. Committee Name CTE John Specter

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>RAAD KSAFFO</u> <u>AFRAH SAHIT-SAFFO</u> <u>3307 LONG MEADOW CT</u> <u>W. BLOOMFIELD MI 48324</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>VINCENT CARADONNA</u> <u>SANDRA CARADONNA</u> <u>43281 WINTERFIELD DRIVE</u> <u>STERLING HEIGHTS MI 48314</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>HENRI DARAZI</u> <u>LENA DARAZI</u> <u>38935 FAIRFIELD DR</u> <u>STERLING HEIGHTS MI 48310</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>DAVID CALANDRA</u> <u>36404 TARPON DR</u> <u>STERLING HEIGHTS MI 48312-3075</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

350.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

5684.00

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line 3 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137850  
2. Committee Name CSC JOHN SPICER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>BENTON AND JILL BELLWARD</u> <u>4825 LALLAGHER</u> <u>OAKLAND TWP MI 48306</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>M.L. TURNER</u> <u>695 CUMBERLAND DRIVE</u> <u>MT. CLEMENS MI 48043</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>CONCA D'ORD CLUB</u> <u>8933 GLENMOOR</u> <u>WASHINGTON TWP MI 48094</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>WILLIAM KIRKSEY</u> <u>DIANE E KIRKSEY</u> <u>2840 KIPLENS</u> <u>STERLING HEIGHTS</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

450.00

5684.00

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137850  
2. Committee Name CTE JOHN SPIGA

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>STEPHANIE BURGESS</u> <u>ADON BURGESS</u> <u>11410 SAGE DR</u> <u>STERLING HEIGHTS MI 48314-3887</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>SARAH SHAMMAM</u> <u>PAMELA SHAMMAM</u> <u>5951 WEST 120TH</u> <u>WASHINGTON MI 48094</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>JOSEPH SEST</u> <u>2392 HORNBEAN</u> <u>STERLING HEIGHTS MI 48314</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>MARILYN R JOHNSON</u> <u>5810 WEST RD</u> <u>WASHINGTON MI 48094-2668</u>		\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: _____ Occupation <u>HOUSEWIFE</u> Employer <u>D</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

400.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

564.00

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

137850

2. Committee Name

CTE John Spica

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

PAUL M VIZZACCARO  
6517 PETHO CT  
WASHINGTON TOWNSHIP 48094

\$ 200.00

\$

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation OWNER

Employer INSURANCE company

Business Address 18800 E 9 MILE ROAD

Type of Contribution: ☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2

PAC Receipt? ☒ YES

4. Date of Receipt

Name & Address:

UAW MICHIGAN V-PAC  
8000 E Jefferson Detroit MI 48214-3963

\$ 2000.00

\$

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

PATRICK MOSELY  
30220 BIZADNEIL  
WARREN MI 48091

\$ 20.00

\$

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$

\$

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

2200.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

5684.00

Enter this total on  
line 3 of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137850  
2. Committee Name CTE JOHN SPICA

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>ONORIO MOSCONE</u> <u>CARLY MOSCONE</u> <u>1111 Hall Road Suite 425</u> <u>Utica, NY 13501</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>MIR KOS HAYA EL-ALAM</u> <u>MRS ROXANA EL-ALAM</u> <u>4211 WILSON DR</u> <u>ST. HAZEL MI 48310</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>JAZZADEN JAZZADEN</u> <u>31370 PHYLLIS CT</u> <u>STERLING HEIGHTS MI 48312</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>MICHAEL F SHERIDAN</u> <u>JEANNE M LARCH</u> <u>5626 24 MILE RD</u> <u>SHERMAN TOWNSHIP MI 48316</u>		\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: _____ Occupation <u>RETIRED USPS</u> Employer <u>SHERIDAN STUDIOS</u> Business Address <u>5626 Twenty-Four Mile Rd Sherman Township</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser <u>MI 48316</u>		Click Here for Memo Itemization	

Page Subtotal

500.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

3684.00

Enter this total on  
line 3 of Summary  
Page.



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 137850  
2. Committee Name CTE JOHN SPICA

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>CADILLAC COWBOYS</u> Address <u>16100 14 mile RD</u> <u>Farm 4E 41026</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Music</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-27-07</u> Date	\$ <u>400.00</u>
Expenditure #2 Name <u>PERMA'S OF STERLING</u> Address <u>38400 VAN DYKE</u> <u>STERLING HEIGHTS MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER ITEM</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-27-07</u> Date	\$ <u>800.00</u>
Expenditure #3 Name <u>Digital Party</u> Address <u>50711 Wing Drive</u> <u>STERLING HEIGHTS MI 48305</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CARDS AND FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-3-07</u> <u>94.29</u> <u>7-31-07</u> <u>84.69</u> Date	\$ <u>178.98</u>
Expenditure #4 Name <u>OFFICE MAX</u> Address <u>37600 Van Dyke</u> <u>STERLING HTS</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SHIRT MAGNETS</u> <u>FOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-28-07</u> Date	\$ <u>96.91</u>
Expenditure #5 Name <u>JAILLON GRAPHICS</u> Address <u>308 NORTH AVENUE</u> <u>MOUNT CLEMENS MI</u> <u>48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LAWS</u> <u>SIGNS</u> <u>Big &amp; small</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-14-07</u> Date	\$ <u>1249.58</u>

Subtotal this page

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

2725.47

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 137850  
2. Committee Name CTE John Spico

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>HOME DEPOT</u> Address <u>37000 Van Dyke</u> <u>Stuy Heights MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>U-POSTS FOR BILLS</u> <u>STARS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-15-07</u> <u>9-16-07</u> Date <u>9-29-07</u> Click Here for Memo Itemization Type <u>10-7-07</u> <u>10-21-07</u>	\$ <u>217.13</u>
Expenditure #2 Name <u>C E M NEWSPAPERS</u> Address <u>13650 11-MILE ROAD</u> <u>WARREN MI 48099</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-10-07</u> <u>10-17-07</u> <u>10-24-07</u> Date Click Here for Memo Itemization Type	\$ <u>1260.90</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____

Subtotal this page

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1478.03

Enter this total  
on line 8a of  
Summary Page

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137850  
2. Committee Name CTE John Spica

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>6 - 27 - 07</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>40</u>	5. Type of Fund Raising Activity <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held <u>Pennas - 17/Van Dyke</u> <input type="checkbox"/> Private Residence
--	---	--	---

7. Total Contributions

3,684.00

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

3,684.00

10. Total Cost of Event

(Total Cost includes In-Kind Contributions  
and All Expenditures Made For the Event)

1,200.00

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

\_\_\_\_\_  
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- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page \_\_\_\_\_ of \_\_\_\_\_

**INSTRUCTIONS FOR SCHEDULE 1F, FUND RAISER**